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Bib Data Sheet

CONFIRMATION NO. 5296

<b>SERIAL NUMBER</b> 10/612,187	<b>FILING OR 371(c) DATE</b> 07/02/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1626	<b>ATTORNEY DOCKET NO.</b> PRD0017NP	
<b>APPLICANTS</b> Scott Beers, Flemington, NJ;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/13/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 000027777					
<b>TITLE</b> SUBSTITUTED HETEROARYL AND HETEROCYCLIC COMPOUNDS USEFUL IN TREATING INFLAMMATORY DISORDERS					
<b>FILING FEE RECEIVED</b> 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

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